

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/280,072

FILING DATE

6.22.01

APPLICANT(S)

4/30/04

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1		1			
15	1		1			
16		1		1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	13		23			
TOTAL CLAIMS	16		26			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS